

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 107070622	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1					51					
2		1	1				52					
3		2		1			53					
4		8			1		54					
5		1			1		55					
6		1			1		56					
7		1			1		57					
8		1			1		58					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		1				TOTAL IND.					
TOTAL DEP.	11	↔	10	↔			TOTAL DEP.					
TOTAL CLAIMS	12		11				TOTAL CLAIMS					